

Measure, Learn, and Improve: Have Physicians Begun to Engage in the Quality Improvement Cycle?

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Objective:

Payers and regulatory and oversight organizations have shown interest in using quality improvement principles and physician performance measures to improve health care. Little is known about how physicians themselves use data to monitor and improve the care they deliver.

Methods:

Mail surveys completed by a national random sample of 3,598 physicians caring for adult patients that aimed 1) to explore whether physicians have adopted basic quality improvement principles (i.e., measure, learn, improve); 2) to identify the quality-of-care data to which physicians say they have access; 3) to describe physicians' willingness to share these data; and 4) to determine whether physicians engage in quality improvement activities.

Results:

The response rate was 52.8 percent (1,837 physicians). Forty-three percent of respondents said they have easy access to data about their patients' clinical profile. Seven of eight find it difficult or impossible to identify patients who have abnormal laboratory results (84%) or take specific medications (85%). One-half of physicians do not have access to any data about the quality of the care they deliver. Physicians in group practices with more than 50 members are much more likely than solo physicians to have access to these data (adjusted OR=2.14, $p<0.001$). Specialists are less likely to have data on their quality compared with primary care physicians (OR = 0.38, $p<0.05$). Health plans are the most common source of quality-of-care data (25%). Only 14 percent of physicians generate their own data. One-third of physicians participate in quality improvement efforts. Physicians in groups larger than 50 are more likely to participate than solo physicians (OR = 2.38, $p<0.05$). Thirteen percent "definitely agree" that performance data should be shared with their own patients, while 45 percent disagree. Seventy percent said these data should "probably not" or "definitely not" be shared with the public.

Conclusions:

These results suggest that clinical practice in the United States, for the most part, is not data-driven, nor is it transparent even within the context of the physician-patient compact. Although quality improvement is an essential component of professionalism, most practicing physicians do not appear to be participating in it. Physicians should be taught the knowledge and skills to participate in quality improvement activities, and the acquisition and application of these skills should be rewarded.